Complete and send t	niy form, together 🐝	un applicable i	ee(s), to: <u>lvi</u>		n Stop 188U1 nmissioner fo	or Patents	636
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•	\ 3	/	or <u>F</u>	<u>ax</u> (703	746-4000		*
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	DE ADDRESS (Note: Use Block 1 fo			Fee(s)) Transmittal. Th s. Each additions	mailing can only be used is certificate cannot be used al paper, such as an assignme of mailing or transmission.	for any other accompanying ent or formal drawing, mus
SCHMEISER, O 3 LEAR JET LAN SUITE 201 LATHAM, NY 12 6/01/2005 MBEYENE2 000	APR - 4 2005			Certificate of Mailing or Transmission reby certify that this Fee(s) Transmittal is being deposited with the United by Postal Service with sufficient postage for first class mail in an enveloped to the Mail Stop ISSUE FEE address above, or being facsimile smitted to the USPTO (703) 746-4000, on the date indicated below. (Depositor's name)			
1 FC:1501 1400.0 2 FC:1504 300.0	SCHMEISER, OLSEN & WATTS LP					(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED	INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/604,102	10/604,102 06/26/2003			An L. Steegan			1101
TITLE OF INVENTION: S	- 4-4-4	_					
APPLN. TYPE	SMALL ENTITY	ISSUE FI		PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400			300	\$1700	06/30/2005
EXAM	ART UNIT		CLASS-SUBCLASS				
ECKERT II, GEORGE C 2815 438-426000							
1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 TFee Address' indicate PTO/SB/47; Rev 03-02 of Number is required.	Correspondence (1) the names of up to 3 register or agents OR, alternatively, (2) the name of a single firm (have registered attorney or agent) and			registered patently, firm (having as a ent) and the namelys or agents. If	od patent attorneys 1 Schmeiser, Olsen 2 Watts; Steven		
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT ((print or type)			
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NOT	data will appea	ar on the pate or filing an ass	ent. If an assign signment.	ee is identified below, the o	locument has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Internatio	nal Business	Machines	Corpoi	ration	, Armonk	NY	
Please check the appropriate	assignee category or catego	ries (will not be pri	inted on the pat	ent): 🔲 Ir	ndividual 🚨 Co	orporation or other private gr	oup entity Government
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Authorized Signature	Jack 1 9	nedra			Date	04/04/2005 No	
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PART B - FEE(S) TRANSMITTAL